BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000

Application or Docket Number

59036-022

Fliedrike Odroppi, 1) mada												·	
		CLAIMS AS	(Column 1)		(Column 2)			SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY		190	
TOTAL CLAIMS			20					RATE	FEE	ſ	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			ろ minus 20=		· 10 ·			· X\$ 9=	9.0	OR	X\$18=		
INDEPENDENT CLAIMS			3 minus 3 =		· 70			X40=		OR	X80=		
MULTIPLE DEPENDENT CLAIM P			RESENT		·			+135=		OR	+270=		
- 11	the difference	in column 1 is	less than ze	r "0" in c	'0" in column 2		TOTAL	445	OR	TOTAL			
CLAIMS AS AMENDED - PART (Column 1) (Column						(Column 3)	`	SMALL E	NTITY	OR	OTHER SMALL		
		(Column 1) CLAIMS REMAINING	·	HIGH		PRESENT	1		ADDI-		D. 75	ADDI-	
AMENDMENT A		AFTER AMENDM <u>EN</u> T		PREVI	OUSLY	EXTRA	l	RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total		Minus-C	مبر		=		X\$ 9=		ÖR	X\$18=		
	Independent	. 0	Minus	***		-		X40=		OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						j	+135=		OR	+270=	·	
20/2/s								TOTAL ADDIT, FEE		OR	TOTAL ADDIT, FEE		
	(Column 1) (Column 2) (Column 3)									_			
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NU! PREV	HEST WBER HOUSLY OFOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	· /3	Minus		30	=		X\$ 9=		OR	X\$18=	4	
	Independent	. 3	Minus	***	.3	= /	4	X40=		OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						لـ	+135=		OR	+270=	/	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
	(Column 1) (Column 2) (Column 3)									_			
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NU PRE\	MBER MBER /IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
DME	Total	•	Minus	**		=		X\$ 9≖		OR	X\$18=	ï	
	Indep ndent	•	Minus	***	NE 61 41	=	4	X40=		OR	X80=		
F	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR	+270=		
* If the entry in column 1 is less than the intry in column 2, write "0" in column 3.											TOTA		
:	"If the "High at Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is I as than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is I as than 3, enter "3." The "Highest Number Previously Paid F r" (Total or Independent) is the highest number found in the appropriate box in column 1.												